



**PROFESSIONAL EMPLOYER ORGANIZATION
LICENSE APPLICATION**
SECRETARY OF STATE
SFN 58619 (07-2007)

FOR OFFICE USE ONLY

ID/License Number:	
WO Number:	
Filed:	By:
Expiration Date:	

LICENSE FEE: \$1000

REQUIREMENTS:

LICENSE PERIOD: 1 YEAR

- Verified Financial Statement
- Surety Bond in the amount of \$100,000 (may be required)

SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Chapter 43-55

"The undersigned natural person provides the following information on behalf of the applicant for a professional employer organization license:"

1. Name of professional employer organization:		2. Federal ID Number																								
3. Any other business names under which the professional employer organization intends to conduct business in North Dakota: _____ _____ _____ _____																										
4. Business type and jurisdiction of origin: (check one) <table><tr><td><input type="checkbox"/> Sole Proprietorship</td><td><input type="checkbox"/> Partnership organized in the state of _____ (check partnership type)</td></tr><tr><td><input type="checkbox"/> Corporation incorporated in the state of _____</td><td><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership</td></tr><tr><td><input type="checkbox"/> Limited Liability Company organized in the state of _____</td><td><input type="checkbox"/> Limited Liability Partnership</td></tr><tr><td><input type="checkbox"/> Other - Define, _____ state of _____</td><td><input type="checkbox"/> Limited Liability Limited Partnership</td></tr></table>			<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership organized in the state of _____ (check partnership type)	<input type="checkbox"/> Corporation incorporated in the state of _____	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company organized in the state of _____	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other - Define, _____ state of _____	<input type="checkbox"/> Limited Liability Limited Partnership																
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5. Date on which professional employer organization was created in jurisdiction of origin: (month, day, and year)		6. Fiscal Year End																								
7. Complete address of principal office of the professional employer organization: (Street/RR, PO Box if applicable, city, state, zip +4)		8. Telephone Number:																								
9. Complete address(es) of each office the professional employer organization maintains in North Dakota: (Street/RR, PO Box if applicable, city, state, zip+4) _____ _____ _____ _____																										
10. Business name(s), by jurisdiction, under which the professional organization has operated in the preceding 5 years, including any alternative names, previous names of predecessors, and, if known, successor business entities: <table><thead><tr><th>Year</th><th>Jurisdiction</th><th>Business Name</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			Year	Jurisdiction	Business Name	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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continued

Professional Employer Organization License Application - Continued

11. Names of individuals who manage the professional employer organization or otherwise have the authority to act as a senior executive officer of the professional employer organization:

TITLE	NAME	<u>COMPLETE MAILING ADDRESS</u>
PRESIDENT		
VICE PRES.		
SECRETARY		
TREASURER		

12. Names and complete addresses of persons owning or controlling 25% or more of the equity interests of the professional employer organization.

NAME	<u>COMPLETE MAILING ADDRESS</u>

13. "The undersigned, a person authorized by the applicant to sign this application, knows the contents thereof, and believes the statements to be true."

Signature:

Date:

14. Name of person to contact if questions about this application:

E-mail address:

Daytime telephone #:

MAILING INSTRUCTIONS: Send documents and filing fees to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos

After October 1, 2007, a person may not provide, advertise, or otherwise hold itself out as providing professional employer services, unless the person has obtained a Professional Employer Organization License from the Secretary of State. A person engaged in the business of providing professional employer services shall obtain a license regardless of its use of the term or conducting business as a "professional employer organization", "staff leasing company", "registered staff leasing company", "employee leasing company", "administrative employer", or any other name. The 60th Legislative Assembly adopted the licensing requirement with Senate Bill Number 2036.

According to North Dakota Century Code, § 43-55-01, subsection 8, a professional employer organization is defined as "a person engaged in the business of providing professional employer services. The term does not include an arrangement through which a person that does not have as its principal business activity the practice of entering a professional employer arrangement and does not hold itself out as a professional employer organization and that shares an employee with a commonly owned company within the meaning of section 414(b) and (c) of the Internal Revenue Code of 1986; an independent contractor arrangement through which a person assumes responsibility for a product produced or a service performed by the person or the person's agents and retains and exercises primary direction and control over the work performed by an individual whose services are supplied under the arrangement; or the provision of temporary help services."

The applicant for a professional employer organization must continuously have its business entity properly registered with the Secretary of State to obtain and maintain a license. If the applicant is a corporation, a limited liability company, a limited partnership, a limited liability partnership, or limited liability limited partnership organized under laws other than those of North Dakota, it must obtain a Certificate of Authority from the Secretary of State to transact business in North Dakota. An applicant that is a sole proprietor using a trade name must file a Trade Name Registration with the Secretary of State. A general partnership using a fictitious name must file a Partnership Fictitious Name Certificate with the Secretary of State. For forms, contact the Secretary of State's Office.

FEE: \$1000

REQUIREMENTS:

Financial Statement: The application must be accompanied by a financial statement, verified by a certified public accountant licensed to practice in the jurisdiction in which the accountant is located. The financial statement must be prepared in accordance with generally accepted accounting principles and be certified as of a date not earlier than one hundred eighty days before the date submitted to the Secretary of State. The financial statement must set forth the financial condition of the professional employer organization over the most recent 12-month operating period and must clearly define the working capital of the professional employer organization. A professional employer organization that has not had sufficient operating history to have a financial statement based on at least 12 months of operation shall present a financial statement for the entire period of its operation.

Surety Bond: A professional employer organization that does not have a minimum working capital of \$100,000, shall present a bond with the license application. The bond shall have a minimum value of \$100,000 and be held by the Secretary of State to secure payment by the professional employer organization of any tax, wage, benefit, or other entitlement due to or with respect to a covered employee if the professional employer organization does not make the payment when due.

1. Provide the applicant's correct organization name as organized in the state or country of organization. Punctuation and abbreviations must be consistent with those in the name as the organization registered with the Secretary of State.
2. Provide the applicant's Federal ID number.
Privacy: In compliance with the North Dakota laws governing business entities, Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate records.
3. Provide any other business names under which the professional employer organization intends to conduct business in North Dakota. All assumed names must be properly registered with the Secretary of State before the application may be approved.
4. Select the organizational structure which best defines the applicant. If the applicant is a sole proprietor using a trade name, a Trade Name Registration must be filed with the Secretary of State. If the applicant is a corporation or limited liability company, include the state of origin. A domestic corporation or limited liability company must have articles on file and be in existence with the Secretary of State before a license will be granted. A foreign corporation, a foreign limited liability company, a foreign limited partnership, a foreign limited liability partnership, or a foreign limited liability limited partnership must secure a certificate of authority from the Secretary of State before transacting business or obtaining any license or permit in North Dakota. A general partnership using a fictitious name must file a Partnership Fictitious Name Certificate with the Secretary of State. Clearly define any business structure classified as "other". If the applicant is an organizational structure defined as "other" and not mentioned above, the acceptance of an application will be assessed on a case-by-case basis.
5. Provide the EXACT date (month, day AND year) when the applicant organization was created in the jurisdiction of origin.
6. Provide the date of the applicant's fiscal year end.
7. A complete address of the applicant's principal executive office, wherever located, is required.
8. Provide the telephone number at the applicant's principal executive office.
9. Provide the complete addresses of each office the employer organization maintains in North Dakota.

Professional Employer Organization License Application - Continued

10. List by jurisdiction, each business name under which the professional organization has operated in the preceding 5 years. Include any alternative or assumed names, names of predecessors, and, if known, successor business entities. If the organization has always conducted business under the name provided in number 1 of this application, indicate that.
11. Provide the names of the officers or managers of the professional employer organization or the name(s) of the individual(s) that otherwise have the authority to act as a senior executive officer of the professional employer organization. (Attach additional pages of names and addresses if the space on the form is not adequate.)
12. Provide the names and complete addresses of all persons owning or controlling 25% or more of the equity interests of the professional employer organization. (Attach additional pages of names and addresses if the space on the form is not adequate.)
13. The application must be dated and signed by an individual authorized to sign on behalf of the professional employer organization.
14. Provide the name, email address and daytime telephone number of the person to contact for any issues related to this application.

ASSISTANCE: If assistance is required to complete the license application, contact the Secretary of State.

FAX FILING: Documents and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the application in the office of the Secretary of State.


EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

MAILING INSTRUCTIONS: Send documents and filing fees to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos

RENEWAL: The professional employer organization may submit an application to renew a license within 60 days before the expiration thereof.

		CREDIT CARD PAYMENT AUTHORIZATION SECRETARY OF STATE SFN 51478 (06-2006)	
NAME:			
ADDRESS:		CITY:	STATE:
			ZIP+4:
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Card Expires:	
ACCOUNT NUMBER:		V#:	Month Year
		Signature: (Required by credit card companies)	
		Date:	